



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 3245

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/078,252	<b>FILING OR 371(c) DATE</b> 02/16/2002 <b>RULE</b>	<b>CLASS</b> 708	<b>GROUP ART UNIT</b> 2193	<b>ATTORNEY DOCKET NO.</b> LYRN006US0
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**

Greg North, Austin, TX;  
 Scott Haban, Austin, TX;  
 Kyle Stein, Austin, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/288,015 05/02/2001  
 and claims benefit of 60/300,957 06/26/2001  
 and claims benefit of 60/300,955 06/26/2001  
 and claims benefit of 60/326,266 10/01/2001  
 and claims benefit of 60/326,252 10/01/2001  
 and claims benefit of 60/326,251 10/01/2001 ABN  
 and claims benefit of 60/326,250 10/01/2001  
 and is a CIP of 10/068,294 02/05/2002  
 and is a CIP of 10/068,295 02/05/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 03/11/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
 58293

**TITLE**

COMPUTATIONAL METHOD, SYSTEM, AND APPARATUS

<b>FILING FEE RECEIVED</b> 1462	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	---	---